

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GLYCOSYL HYDROLASE GENES AND THEIR USE FOR PRODUCING ENZYMES FOR THE
BIODEGRADATION OF CARRAGEENANS.

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No. _____

on _____

and was amended

on _____ (if applicable).

☒ was filed as PCT international application

Number PCT/FR97/01768

on October 6, 1997

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (If PCT indicate PCT I)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
FRANCE	96 12204	07 OCTOBER 1996	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Combined Declaration For Patent Application and Power of Attorney (Continued)
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:**U.S. APPLICATIONS**

STATUS (Check one)

U.S. APPLICATION NUMBER

U.S. FILING DATE

PATENTED

PENDING

ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.

PCT APPLICATION NO

PCT FILING DATE

U.S. SERIAL NUMBERS
ASSIGNED (if any)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Donald L. Dennison Reg. N° 19920

Burton Scheiner Reg. N° 24018

William H. Meserole Reg. N° 20833

Ira J. Schultz Reg. N° 28666

David Pollack Reg. N° 20478

Jeffrey S. Smith Reg. N° 39377

Send Correspondence to:

DENNISON, MESEROLE, POLLACK & SCHEINER
1745 Jefferson Davis Highway, Suite 612
Arlington, Virginia 22202

Direct Telephone Calls to:
(name and telephone number)

(703) 412-1155

201	FULL NAME OF INVENTOR	FAMILY NAME	BARBEYRON	FIRST GIVEN NAME	Tristan	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	29233 CLEDER	STATE OR FOREIGN COUNTRY	FRANCE	COUNTRY OF CITIZENSHIP	FRANCE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	30 rue de la Garenne	CITY	29233 CLEDER	STATE & ZIP CODE/COUNTRY	FRANCE
202	FULL NAME OF INVENTOR	FAMILY NAME	POTIN	FIRST GIVEN NAME	Philippe	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	29680 ROSCOFF	STATE OR FOREIGN COUNTRY	FRANCE	COUNTRY OF CITIZENSHIP	FRANCE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	377 rue Marquise de Kergariou	CITY	29680 ROSCOFF	STATE & ZIP CODE/COUNTRY	FRANCE
203	FULL NAME OF INVENTOR	FAMILY NAME	RICHARD	FIRST GIVEN NAME	Christophe	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	29400 PLOUGOURVEST	STATE OR FOREIGN COUNTRY	FRANCE	COUNTRY OF CITIZENSHIP	FRANCE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	Kernevez	CITY	29400 PLOUGOURVEST	STATE & ZIP CODE/COUNTRY	FRANCE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 203

DATE

12 March 1999

DATE

12 March 1999

DATE

12 March 1999

204	FULL NAME OF INVENTOR	FAMILY NAME	HENRISSAT	FIRST GIVEN NAME	Bernard	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	38400 URIAGE	STATE OR FOREIGN COUNTRY	FRANCE	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	Quartier les Bonets	CITY	38400 URIAGE	STATE & ZIP CODE/COUNTRY
205	FULL NAME OF INVENTOR	FAMILY NAME	YVIN	FIRST GIVEN NAME	Jean-Claude	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	35400 SAINT MALO	STATE OR FOREIGN COUNTRY	FRANCE	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	2 rue Gabriel Dégrés	CITY	35400 SAINT MALO	STATE & ZIP CODE/COUNTRY
206	FULL NAME OF INVENTOR	FAMILY NAME	KLOAREG	FIRST GIVEN NAME	Bernard	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	29250 SAINT POL DE LEON	STATE OR FOREIGN COUNTRY	FRANCE	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	81 rue de la Rive	CITY	29250 SAINT POL DE LEON	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
12 March 1999	12 March 1999	12 March 1999